

QUARTERLY STATEMENT

OF THE

DELTA DENTAL PLAN

OF

ARKANSAS, INC.

of SHERWOOD

in the state of ARKANSAS

TO THE

Insurance Department

OF THE

STATE OF

STATE OF ARKANSAS

FOR THE QUARTER ENDED

September 30, 2013

HEALTH

2013



HEALTH QUARTERLY STATEMENT

47155201320100103

AS OF SEPTEMBER 30, 2013
OF THE CONDITION AND AFFAIRS OF THE

Delta Dental Plan of Arkansas, Inc.

NAIC Group Code	0000	0000	NAIC Company Code	47155	Employer's ID Number	71-0561140
	(Current Period)	(Prior Period)				
Organized under the Laws of	Arkansas		State of Domicile or Port of Entry	Arkansas		
Country of Domicile	United States					
Licensed as business type	Life, Accident & Health []	Property/Casualty []	Hospital, Medical & Dental Service or Indemnity [X]			
	Dental Service Corporation []	Vision Service Corporation []	Health Maintenance Organization []			
	Other []	Is HMO Federally Qualified? Yes [] No []				
Incorporated/Organized	March 15, 1982	Commenced Business	August 1, 1982			
Statutory Home Office	1513 Country Club Road	Sherwood, AR US 72120				
	(Street and Number)	(City or Town, State, Country and Zip Code)				
Main Administrative Office	1513 Country Club Road					
	(Street and Number)					
	Sherwood, AR US 72120	501-835-3400				
	(City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)				
Mail Address	1513 Country Club Road	Sherwood, AR US 72120				
	(Street and Number or P.O. Box)	(City or Town, State, Country and Zip Code)				
Primary Location of Books and Records	1513 Country Club Road	Sherwood, AR US 72120	501-835-3400			
	(Street and Number)	(City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)			
Internet Website Address	www.deltadentalar.com					
Statutory Statement Contact	Phyllis L Rogers	501-992-1616				
	(Name)	(Area Code) (Telephone Number) (Extension)				
	progers@deltadentalar.com	501-992-1617				
	(E-Mail Address)	(Fax Number)				

OFFICERS

Name	Title
1. Eddie Allen Choate	President and CEO
2. Mel Taylor Collazo	Secretary
3. Susan Jane Fletcher Smith	Vice Chair and Treasurer

VICE-PRESIDENTS

Name	Title	Name	Title
Ina Lynn Harbert	Senior Vice President and COO	Phyllis Lynn Rogers	Senior Vice President and CFO
Herman Eldon Hurd	Vice President of Provider Relations	Allen Dale Moore	Vice President of Information Technology
Melissa C Masingill #	Vice President of Public Affairs	James W Couch #	Vice President and General Counsel
Jay Reavis #	Vice President of Sales & Marketing		

DIRECTORS OR TRUSTEES

Harold Wayne Perrin	Robert Howard Gladden	Ebb Weldon Johnson	James Talbert Johnston
Susan Jane Fletcher Smith	Mel Taylor Collazo	Ronald Paul Ownbey	Terri Anderson Miller
Troy John Dryden Bartels	Sarah Clark	Granville Wayne Callahan, Sr.	Mark Bailey #
Robert Mason #			

State of Arkansas
County of Pulaski ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
Eddie Allen Choate	Mel Taylor Collazo	Not Required
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President and CEO	Secretary	Vice Chair and Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this	a. Is this an original filing? [X] Yes [] No
day of , 2013	b. If no: 1. State the amendment number
	2. Date filed
	3. Number of pages attached

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	21,914,654		21,914,654	21,592,455
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	32,956,672	17,714,170	15,242,502	16,212,408
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$ 0 encumbrances)	8,944,600		8,944,600	9,101,172
4.2 Properties held for the production of income (less \$ 0 encumbrances)				
4.3 Properties held for sale (less \$ 0 encumbrances)	36,807		36,807	36,807
5. Cash (\$ 8,972,215), cash equivalents (\$ 0), and short-term investments (\$ 154,540)	9,126,756		9,126,756	12,040,790
6. Contract loans (including \$ 0 premium notes)				
7. Derivatives				
8. Other invested assets	5,000,000		5,000,000	5,000,000
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	77,979,489	17,714,170	60,265,319	63,983,632
13. Title plants less \$ 0 charged off (for Title insurers only)				
14. Investment income due and accrued	79,504		79,504	80,745
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	402,676		402,676	367,482
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ 0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts	5,668,922		5,668,922	5,357,058
17. Amounts receivable relating to uninsured plans	9,373,822		9,373,822	10,768,670
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software	1,110,228	938,047	172,181	373,742
21. Furniture and equipment, including health care delivery assets (\$ 0)	133,442	133,442		
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	76,114		76,114	116,973
24. Health care (\$ 0) and other amounts receivable				
25. Aggregate write-ins for other than invested assets	611,624	437,652	173,972	13,739
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	95,435,821	19,223,311	76,212,510	81,062,041
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	95,435,821	19,223,311	76,212,510	81,062,041

DETAILS OF WRITE-IN LINES				
1101.	NONE			
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. Prepaid Expenses & Deposits	437,652	437,652		
2502. Miscellaneous Receivable	173,972		173,972	13,739
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	611,624	437,652	173,972	13,739

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 106,686 reinsurance ceded)	4,337,141		4,337,141	4,729,388
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses	131,173		131,173	148,853
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act				
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	3,240,870		3,240,870	1,899,670
9. General expenses due or accrued	6,959,031		6,959,031	5,079,733
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable	832,564		832,564	807,909
12. Amounts withheld or retained for the account of others	2,065,481		2,065,481	2,476,101
13. Remittances and items not allocated				
14. Borrowed money (including \$ 0 current) and interest thereon \$ 0 (including \$ 0 current)				
15. Amounts due to parent, subsidiaries and affiliates	44,223		44,223	1,278,407
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties (with \$ 0 authorized reinsurers, \$ 0 unauthorized reinsurers, and \$ 0 certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$ 0) companies	106,686		106,686	106,765
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans	1,877,513		1,877,513	1,839,721
23. Aggregate write-ins for other liabilities (including \$ 0 current)				
24. Total liabilities (Lines 1 to 23)	19,594,682		19,594,682	18,366,547
25. Aggregate write-ins for special surplus funds	X X X	X X X	50,000	50,000
26. Common capital stock	X X X	X X X		
27. Preferred capital stock	X X X	X X X		
28. Gross paid in and contributed surplus	X X X	X X X		
29. Surplus notes	X X X	X X X		
30. Aggregate write-ins for other than special surplus funds	X X X	X X X		
31. Unassigned funds (surplus)	X X X	X X X	56,567,828	62,645,496
32. Less treasury stock, at cost:				
32.1 0 shares common (value included in Line 26 \$ 0)	X X X	X X X		
32.2 0 shares preferred (value included in Line 27 \$ 0)	X X X	X X X		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	56,617,828	62,695,496
34. Total liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	76,212,510	81,062,043

DETAILS OF WRITE-IN LINES					
2301.	NONE				
2302.					
2303.					
2398. Summary of remaining write-ins for Line 23 from overflow page					
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)					
2501. Surplus required by the Arkansas Insurance Department	X X X	X X X	50,000	50,000	
2502.	X X X	X X X			
2503.	X X X	X X X			
2598. Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X			
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X	50,000	50,000	
3001. Surplus required by the Arkansas Insurance Department	X X X	X X X			
3002.	X X X	X X X			
3003.	X X X	X X X			
3098. Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X			
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X			

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year	Prior Year Ended
	To Date		To Date	December 31
	1	2	3	4
	Uncovered	Total	Total	Total
1. Member Months	X X X	2,101,405	1,993,022	2,669,838
2. Net premium income (including \$ 0 non-health premium income)	X X X	90,897,446	86,968,688	116,251,255
3. Change in unearned premium reserves and reserve for rate credits	X X X	(4,682)	(3,125)	(7,521)
4. Fee-for-service (net of \$ 0 medical expenses)	X X X			
5. Risk revenue	X X X			
6. Aggregate write-ins for other health care related revenues	X X X			
7. Aggregate write-ins for other non-health revenues	X X X	3,696	40,102	166,582
8. Total revenues (Lines 2 to 7)	X X X	90,896,460	87,005,665	116,410,316
Hospital and Medical:				
9. Hospital/medical benefits		65,229,249	61,454,596	80,608,864
10. Other professional services				
11. Outside referrals				
12. Emergency room and out-of-area				
13. Prescription drugs				
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Lines 9 to 15)		65,229,249	61,454,596	80,608,864
Less:				
17. Net reinsurance recoveries		(8,128,310)	(8,680,706)	(10,960,610)
18. Total hospital and medical (Lines 16 minus 17)		73,357,559	70,135,302	91,569,474
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ 0 cost containment expenses		4,658,593	5,279,298	7,207,469
21. General administrative expenses		11,821,692	10,841,732	14,336,547
22. Increase in reserves for life and accident and health contracts (including \$ 0 increase in reserves for life only)				
23. Total underwriting deductions (Lines 18 through 22)		89,837,844	86,256,332	113,113,490
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	1,058,616	749,333	3,296,826
25. Net investment income earned		468,387	1,446,682	2,046,964
26. Net realized capital gains (losses) less capital gains tax of \$ 0		222,800	420,868	629,863
27. Net investment gains (losses) (Lines 25 plus 26)		691,187	1,867,550	2,676,827
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ 0) (amount charged off \$ 0)]				
29. Aggregate write-ins for other income or expenses				
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	1,749,803	2,616,883	5,973,653
31. Federal and foreign income taxes incurred	X X X			
32. Net income (loss) (Lines 30 minus 31)	X X X	1,749,803	2,616,883	5,973,653

DETAILS OF WRITE-IN LINES				
0601.	X X X			
0602.	X X X			
0603.	X X X			
0698. Summary of remaining write-ins for Line 06 from overflow page	X X X			
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 06 above)	X X X			
0701. Miscellaneous Income	X X X	3,696	40,102	166,582
0702.	X X X			
0703.	X X X			
0798. Summary of remaining write-ins for Line 07 from overflow page	X X X			
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 07 above)	X X X	3,696	40,102	166,582
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page				
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page				
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	62,695,498	62,068,658	62,068,658
34. Net income or (loss) from Line 32	1,749,803	2,616,883	5,973,653
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ 0	3,099,365	(52,055)	(332,390)
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			
39. Change in nonadmitted assets	(10,926,917)	(4,359,984)	(4,987,420)
40. Change in unauthorized and certified reinsurance	79	(22,236)	(27,003)
41. Change in treasury stock			
42. Change in surplus notes			
43. Cumulative effect of changes in accounting principles			
44. Capital Changes:			
44.1 Paid in			
44.2 Transferred from surplus (Stock Dividend)			
44.3 Transferred to surplus			
45. Surplus adjustments:			
45.1 Paid in			
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			
47. Aggregate write-ins for gains or (losses) in surplus			
48. Net change in capital and surplus (Lines 34 to 47)	(6,077,670)	(1,817,392)	626,840
49. Capital and surplus end of reporting period (Line 33 plus 48)	56,617,828	60,251,266	62,695,498

DETAILS OF WRITE-IN LINES			
4701. Delta Dental of AR Foundation Ending Balance - Non-admitted - Disposal			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page			
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)			

CASH FLOW

	1	2	3
Cash from Operations	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
1. Premiums collected net of reinsurance	92,031,508	86,665,516	115,787,359
2. Net investment income	655,396	1,710,078	2,353,342
3. Miscellaneous income	(775)	37,488	167,327
4. Total (Lines 1 to 3)	92,686,129	88,413,082	118,308,028
5. Benefit and loss related payments	73,749,806	70,020,240	90,856,946
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	12,735,250	14,575,793	22,566,793
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ 0 tax on capital gains (losses)			
10. Total (Lines 5 through 9)	86,485,056	84,596,033	113,423,739
11. Net cash from operations (Line 4 minus Line 10)	6,201,073	3,817,049	4,884,289
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	4,114,897	27,025,493	27,494,488
12.2 Stocks	2,795,695	21,285,947	29,535,225
12.3 Mortgage loans			
12.4 Real estate		182,597	182,597
12.5 Other invested assets			
12.6 Net gains (or losses) on cash, cash equivalents and short-term investments	4	2	
12.7 Miscellaneous proceeds			
12.8 Total investment proceeds (Lines 12.1 to 12.7)	6,910,596	48,494,039	57,212,310
13. Cost of investments acquired (long-term only):			
13.1 Bonds	4,434,463	18,787,772	19,341,558
13.2 Stocks	10,321,965	29,775,978	38,768,705
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			5,000,000
13.6 Miscellaneous applications	1		
13.7 Total investments acquired (Lines 13.1 to 13.6)	14,756,429	48,563,750	63,110,263
14. Net increase (or decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(7,845,833)	(69,711)	(5,897,953)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock			
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	(1,269,273)	1,842,687	1,204,874
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(1,269,273)	1,842,687	1,204,874
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(2,914,033)	5,590,025	191,210
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	12,040,790	11,849,580	11,849,580
19.2 End of period (Line 18 plus Line 19.1)	9,126,757	17,439,605	12,040,790

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001			
20.0002			
20.0003			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	226,449				42,970	183,479				
2. First Quarter	233,254				44,351	188,903				
3. Second Quarter	234,163				44,968	189,195				
4. Third Quarter	233,996				44,625	189,371				
5. Current Year										
6. Current Year Member Months	2,101,405				400,911	1,700,494				
Total Member Ambulatory Encounters for Period:										
7. Physician										
8. Non-Physician										
9. Totals										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (a)	81,463,702				4,358,525	77,105,177				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	81,463,702				4,358,525	77,105,177				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	65,550,324				2,408,075	63,142,249				
18. Amount Incurred for Provision of Health Care Services	65,229,249				2,407,916	62,821,333				

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

[illegible]

UNDERWRITING AND INVESTMENT EXHIBIT
ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)						
2. Medicare Supplement						
3. Dental only	4,213,359	68,332,409	34,065	4,196,390	4,247,424	4,622,623
4. Vision only	85,472	1,118,565		106,686	85,472	106,765
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare						
7. Title XIX - Medicaid						
8. Other health						
9. Health subtotal (Lines 1 to 8)	4,298,831	69,450,974	34,065	4,303,076	4,332,896	4,729,388
10. Health care receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts						
13. Totals (Lines 9 - 10 + 11 + 12)	4,298,831	69,450,974	34,065	4,303,076	4,332,896	4,729,388

6

(a) Excludes \$ 0 loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

Note 1: Summary of Significant Accounting Policies

A. Accounting Practices

No Change.

B. Use of Estimates in the Preparation of the Financial Statements

No Change.

C. Accounting Policy

- (1) No Change
- (2) No Change
- (3) No Change
- (4) No Change
- (5) No Change
- (6) No Change
- (7) No Change
- (8) No Change
- (9) No Change
- (10) No Change
- (11) No Change
- (12) No Change
- (13) No Change

Note 2: Accounting Changes and Corrections of Errors

- A. No Change

Note 3: Business Combinations and Goodwill

- A. No Change
- B. No Change
- C. No Change
- D. No Change

NOTES TO FINANCIAL STATEMENTS

Note 4: Discontinued Operations

No Change

Note 5: Investments

- A. No Change
- B. No Change
- C. No Change
- D. No Change
- E. No Change
- F. No Change
- G. No Change

Note 6: Joint Ventures, Partnerships and Limited Liability Companies

No Change

Note 7: Investment Income

- A. No Change
- B. No Change

Note 8: Derivative Instruments

No Change

Note 9: Income Taxes

- A. No Change
- B. No Change
- C. No Change
- D. No Change

NOTES TO FINANCIAL STATEMENTS

- E. No Change
- F. No Change

Note 10: Information Concerning Parent, Subsidiaries and Affiliates

- A. No Change
- B. No Change
- C. No Change
- D. At September 30, 2013, the Company reported \$76,114 due from the subsidiary, Omega Administrators, Inc. (OAI) and \$44,223 due to the affiliate, Delta Dental of Michigan (DDMI), respectively. These amounts will be settled within thirty days of the report date.
- E. No Change
- F. No Change
- G. No Change
- H. No Change
- I. No Change
- J. No Change
- K. No Change
- L. No Change

Note 11: Debt

- No Change

Note 12: Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

- Effective January 1, 2013, all employees as well as the profit sharing plan moved from OAI to the Company. The plan was amended with the same effective date to include an auto enrollment feature and changed eligibility to the first of the month following date of hire.
- A. No Change

NOTES TO FINANCIAL STATEMENTS

- B. No Change
- C. No Change
- D. No Change
- E. No Change
- F. No Change

Note 13: Capital and Surplus, Shareholders' Dividend Restrictions and Quasi- Reorganizations

- (1) No Change
- (2) No Change
- (3) No Change
- (4) No Change
- (5) No Change
- (6) No Change
- (7) No Change
- (8) No Change
- (9) No Change
- (10) The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$3,099,365 for 2013.
- (11) No Change
- (12) No Change
- (13) No Change

Note 14: Contingencies

- A. No Change
- B. No Change
- C. No Change
- D. No Change
- E. No Change

NOTES TO FINANCIAL STATEMENTS

Note 15: Leases

No Change

Note 16: Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

No Change

Note 17: Sale, Transfer and Servicing of Financial Assets and Extinguishment of Liabilities

No Change

Note 18: Gain or Loss to the Reporting Entity From Uninsured Plans and From the Uninsured Portion of Partially Insured Plans

- A. No Change
- B. The gain from operations from Administrative Services Contract (ASC) uninsured plans and the uninsured portion of partially insured plans were as follows for the years ended September 30, 2013 and 2012:

	2013	2012
Gross reimbursement for medical costs incurred	\$ 207,033,330	\$ 205,974,300
Gross administrative fees accrued	9,351,551	9,220,143
Gross expenses incurred (claims and administrative)	(216,384,881)	(215,194,443)
Total net gain or loss from operations	\$ 0	\$ 0

- C. No Change

Note 19: Direct Premiums Written/Produced by Managing General Agents/Third Party Administrators

No Change

NOTES TO FINANCIAL STATEMENTS

Note 20: Fair Value Measurements

A. Fair Value Measurements at Reporting Date

(1) Description	(2) Level 1	(3) Level 2	(4) Level 3	(5) Total
Assets at Fair Value				
Common Stock				
Industrial and Misc	<u>\$17,227,785</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$17,227,785</u>
Parent, Sub, Affiliate	<u>\$15,728,879</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$15,728,879</u>
Real Estate	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 5,000,000</u>	<u>\$ 5,000,000</u>
Total Assets at Fair Value	<u>\$32,956,664</u>	<u>\$ 0</u>	<u>\$ 5,000,000</u>	<u>\$37,956,664</u>

B. Removed by Statutory Accounting Principles Working Group

C. No Change

D. No Change

Note 21: Other Items

A. No Change

B. No Change

C. No Change

D. No Change

E. No Change

F. No Change

G. No Change

H. No Change

NOTES TO FINANCIAL STATEMENTS

Note 22: Events Subsequent

No Change

Note 23: Reinsurance

A. No Change

B. No Change

C. No Change

Note 24: Retrospectively Rated Contracts and Contracts Subject to Redetermination

No Change

Note 25: Change in Incurred Claims and Claims Adjustment Expenses

No Change

Note 26: Intercompany Pooling Arrangements

No Change

Note 27: Structured Settlements

No Change

Note 28: Health Care Receivables

No Change

Note 29: Participating Policies

No Change

NOTES TO FINANCIAL STATEMENTS

Note 30: Premium Deficiency Reserves

No Change

Note 31: Anticipated Salvage and Subrogation

No Change

GENERAL INTERROGATORIES

PART 1 – COMMON INTERROGATORIES

GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes [] No [X]

1.2 If yes, has the report been filed with the domiciliary state?

Yes [] No []

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [] No [X]

2.2 If yes, date of change:

3.1 Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes [] No [X]

3.2 If the response to 3.1 is yes, provide a brief description of those changes.

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [] No [X]

4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?
If yes, attach an explanation.

Yes [] No [X] N/A []

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2010

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2010

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

05/23/2012

6.4 By what department or departments?
Arkansas Insurance Department

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [X] No [] N/A []

6.6 Have all of the recommendations within the latest financial examination report been complied with?

Yes [X] No [] N/A []

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [] No [X]

7.2 If yes, give full information

GENERAL INTERROGATORIES

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

.....

.....

.....

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....
.....

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c) Compliance with applicable governmental laws, rules, and regulations;

(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e) Accountability for adherence to the code.

Yes [X] No []

9.11 If the response to 9.1 is No, please explain:

.....

.....

.....

9.2 Has the code of ethics for senior managers been amended? Yes [] No [X]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

.....

.....

.....

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

.....

.....

.....

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ _____

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]

11.2 If yes, give full and complete information relating thereto:

.....

.....

.....

GENERAL INTERROGATORIES

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 5,000,000

13. Amount of real estate and mortgages held in short-term investments: \$

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [X] No []

14.2 If yes, please complete the following:	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$	\$
14.22 Preferred Stock	\$	\$
14.23 Common Stock	\$ 8,291,407	\$ 15,728,882
14.24 Short-Term Investments	\$	\$
14.25 Mortgage Loans on Real Estate	\$	\$
14.26 All Other	\$	\$
14.27 Total Investment in Parent, Subsidiaries and Affiliates		
(Subtotal Lines 14.21 to 14.26)	\$ 8,291,407	\$ 15,728,882
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$	\$

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []
If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$
16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$
16.3 Total payable for securities lending reported on the liability page \$

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
Stephens Capital Management	111 Center Street, Little Rock, AR 72201
Intrust Wealth Management	5314 S Yale Avenue, Suite 206, Tulsa, OK 74135

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No [X]

GENERAL INTERROGATORIES

17.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

17.5 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
N/A	Stephens Capital Management	111 Center Street, Little Rock, AR 72201
N/A	Intrust Wealth Management	5314 S Yale Avenue, Suite 206, Tulsa, OK 74135

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

Yes [X] No []

18.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 2 - HEALTH

1.

Operating Percentages:

1.1

A&H loss percent

%

1.2

A&H cost containment percent

%

1.3

A&H expense percent excluding cost containment expenses

%
- 2.1

Do you act as a custodian for health savings accounts?

Yes [☐] No [☒]
- 2.2

If yes, please provide the amount of custodial funds held as of the reporting date.

\$
- 2.3

Do you act as an administrator for health savings accounts?

Yes [☐] No [☒]
- 2.4

If yes, please provide the balance of the funds administered as of the reporting date.

\$

NONE Schedule S

SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS
Current Year To Date - Allocated by States and Territories

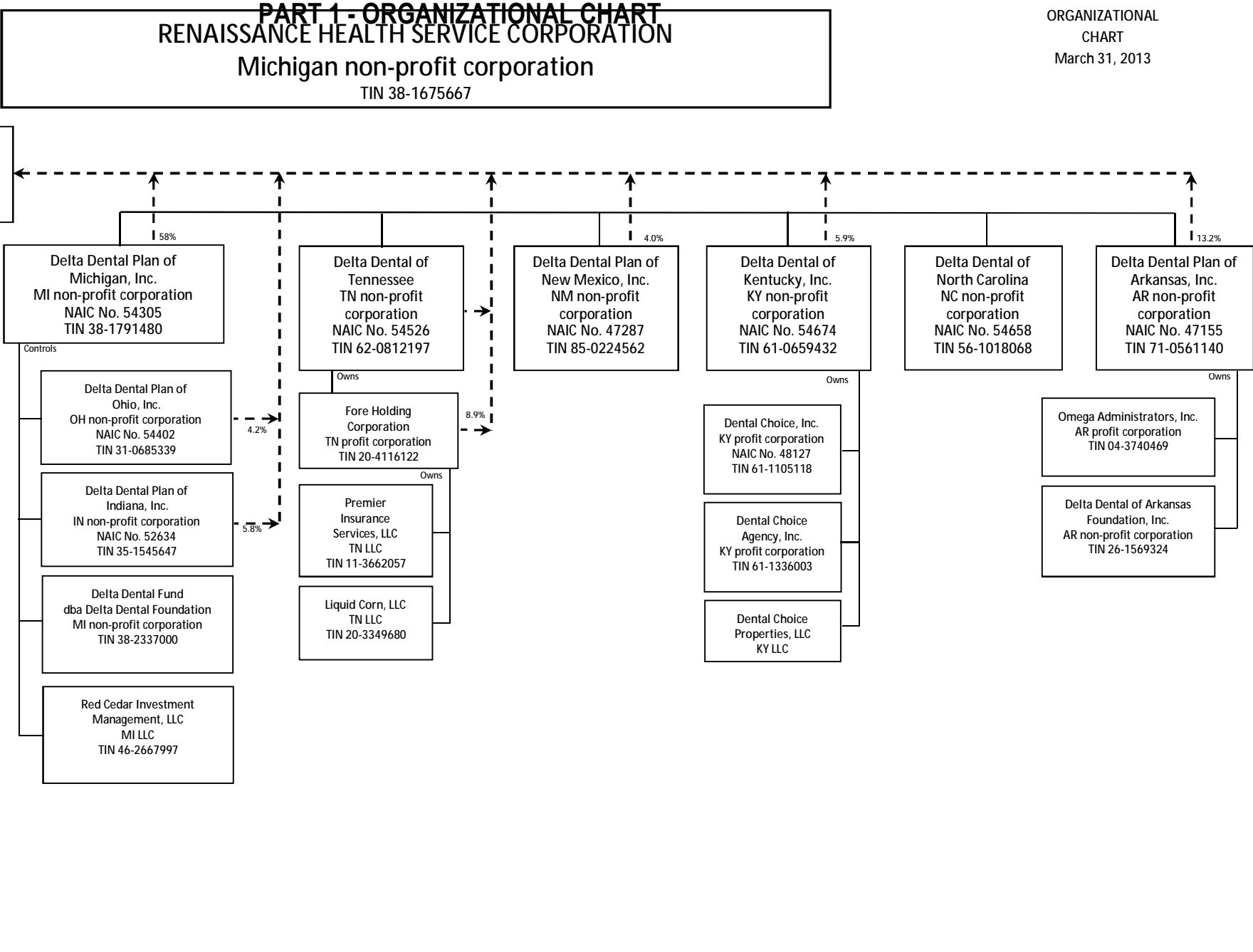
States, Etc.		1	Direct Business Only							
			2	3	4	5	6	7	8	9
		Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life & Annuity Premiums & Other Considerations	Property / Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1. Alabama	AL	N								
2. Alaska	AK	N								
3. Arizona	AZ	N								
4. Arkansas	AR	L	81,463,702						81,463,702	
5. California	CA	N								
6. Colorado	CO	N								
7. Connecticut	CT	N								
8. Delaware	DE	N								
9. District of Columbia	DC	N								
10. Florida	FL	N								
11. Georgia	GA	N								
12. Hawaii	HI	N								
13. Idaho	ID	N								
14. Illinois	IL	N								
15. Indiana	IN	N								
16. Iowa	IA	N								
17. Kansas	KS	N								
18. Kentucky	KY	N								
19. Louisiana	LA	N								
20. Maine	ME	N								
21. Maryland	MD	N								
22. Massachusetts	MA	N								
23. Michigan	MI	N								
24. Minnesota	MN	N								
25. Mississippi	MS	N								
26. Missouri	MO	N								
27. Montana	MT	N								
28. Nebraska	NE	N								
29. Nevada	NV	N								
30. New Hampshire	NH	N								
31. New Jersey	NJ	N								
32. New Mexico	NM	N								
33. New York	NY	N								
34. North Carolina	NC	N								
35. North Dakota	ND	N								
36. Ohio	OH	N								
37. Oklahoma	OK	N								
38. Oregon	OR	N								
39. Pennsylvania	PA	N								
40. Rhode Island	RI	N								
41. South Carolina	SC	N								
42. South Dakota	SD	N								
43. Tennessee	TN	N								
44. Texas	TX	N								
45. Utah	UT	N								
46. Vermont	VT	N								
47. Virginia	VA	N								
48. Washington	WA	N								
49. West Virginia	WV	N								
50. Wisconsin	WI	N								
51. Wyoming	WY	N								
52. American Samoa	AS	N								
53. Guam	GU	N								
54. Puerto Rico	PR	N								
55. U.S. Virgin Islands	VI	N								
56. Northern Mariana Islands	MP	N								
57. Canada	CAN	N								
58. Aggregate other alien	OT	X X X								
59. Subtotal		X X X	81,463,702						81,463,702	
60. Reporting entity contributions for Employee Benefit Plans		X X X								
61. Totals (Direct Business)		(a) 1	81,463,702						81,463,702	

DETAILS OF WRITE-INS									
58001.	X X X								
58002.	X X X								
58003.	X X X								
58998. Summary of remaining write-ins for Line 58	X X X								
58999. Totals (Lines 58001 through 58003 plus 58998)									
(Line 58 above)	X X X								

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG;(R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP



ORGANIZATIONAL
CHART
March 31, 2013

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
		0	38-1675667				Renaissance Health Service Corporation	MI	UDP					
		0	46-1376165				Renaissance Family Foundation, Inc.	IN	NIA					
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Michigan, Inc.	Ownership	6210.0	Renaissance Health Service Corporati	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Ohio, Inc.	Ownership	400.0	Renaissance Health Service Corporati	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Indiana, Inc.	Ownership	530.0	Renaissance Health Service Corporati	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Fore Holding Corporation	Ownership	760.0	Renaissance Health Service Corporati	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental of Kentucky, Inc.	Ownership	540.0	Renaissance Health Service Corporati	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of New Mexico, Inc.	Ownership	380.0	Renaissance Health Service Corporati	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Arkansas, Inc.	Ownership	1180.0	Renaissance Health Service Corporati	
477	Renaissance Health Service Corporation	61700	47-0397286				Renaissance Life & Health Insurance Company of America	IN	IA	Renaissance Holding Company	Ownership	10000.0	Renaissance Health Service Corporati	
477	Renaissance Health Service Corporation	15638	13-4098096				Renaissance Health Insurance Company of New York	NY	IA	Renaissance Holding Company	Ownership	10000.0	Renaissance Health Service Corporati	
		0	26-2403888				Tesia Clearinghouse, LLC	MI	NIA	Renaissance Electronic Services, LLC	Ownership	10000.0	Renaissance Health Service Corporati	
		0	11-3774096				Renaissance Electronic Services, LLC	MI	NIA	Renaissance Holding Company	Ownership	10000.0	Renaissance Health Service Corporati	
		0	01-0862825				Maverest Dental Network, LLC	MI	NIA	Renaissance Electronic Services, LLC	Ownership	10000.0	Renaissance Health Service Corporati	
477	Renaissance Health Service Corporation	54305	38-1791480				Delta Dental Plan of Michigan, Inc.	MI	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporati	
477	Renaissance Health Service Corporation	54402	31-0685339				Delta Dental Plan of Ohio, Inc.	OH	IA	Delta Dental Plan of Michigan, Inc.	Board of Directors		Renaissance Health Service Corporati	
477	Renaissance Health Service Corporation	52634	35-1545647				Delta Dental Plan of Indiana, Inc.	IN	IA	Delta Dental Plan of Michigan, Inc.	Board of Directors		Renaissance Health Service Corporati	
		0	38-2337000				Delta Dental Fund dba Delta Dental Foundation	MI	NIA	Delta Dental Plan of Michigan, Inc.	Board of Directors		Renaissance Health Service Corporati	
		0	38-3638865				Renaissance Systems and Services, LLC	MI	NIA	Renaissance Electronic Services, LLC	Ownership	10000.0	Renaissance Health Service Corporati	
		0	45-4734479				Electronic Lockbox Services, LLC	MI	NIA	Renaissance Electronic Services, LLC	Ownership	10000.0	Renaissance Health Service Corporati	
477	Renaissance Health Service Corporation	54526	62-0812197				Delta Dental of Tennessee	TN	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporati	
		0	20-4116122				Fore Holding Corporation	TN	NIA	Delta Dental of Tennessee	Ownership	10000.0	Renaissance Health Service Corporati	
		0	11-3662057				Premier Insurance Services, LLC	TN	NIA	Delta Dental of Tennessee	Ownership	10000.0	Renaissance Health Service Corporati	
		0	20-3349680				Liquid Corn, LLC	TN	NIA	Delta Dental of Tennessee	Ownership	10000.0	Renaissance Health Service Corporati	
477	Renaissance Health Service Corporation	47287	85-0224562				Delta Dental Plan of New Mexico, Inc.	NM	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporati	
477	Renaissance Health Service Corporation	54674	61-0659432				Delta Dental of Kentucky, Inc.	KY	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporati	
		0	61-1336003				Dental Choice Agency, Inc.	KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	10000.0	Renaissance Health Service Corporati	
		48127	61-1105118				Dental Choice Inc.	KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	10000.0	Renaissance Health Service Corporati	
		0					Dental Choice Properties, LLC	KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	10000.0	Renaissance Health Service Corporati	
477	Renaissance Health Service Corporation	54658	56-1018068				Delta Dental of North Carolina	NC	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporati	
477	Renaissance Health Service Corporation	47155	71-0561140				Delta Dental Plan of Arkansas, Inc.	AR		Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporati	
		0	04-3740469				Omega Administrators, Inc.	AR	DS	Delta Dental Plan of Arkansas, Inc.	Ownership	10000.0	Renaissance Health Service Corporati	
		0	26-1569324				Delta Dental of Arkansas Foundation, Inc.	AR	DS	Delta Dental Plan of Arkansas, Inc.	Board of Directors		Renaissance Health Service Corporati	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterik	Explanation
	NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

Response

NO

Explanation:

Question 1:

Not applicable

Bar Code:



OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A - VERIFICATION
Real Estate

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	9,137,978	9,722,649
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		(148,954)
5. Deduct amounts received on disposals		182,597
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other than temporary impairment recognized		
8. Deduct current year's depreciation	156,571	253,120
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)	8,981,407	9,137,978
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)	8,981,407	9,137,978

SCHEDULE B - VERIFICATION
Mortgage Loans

	1 Year To Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest points and commitment fees		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		
10. Deduct current year's other than temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

NONE

SCHEDULE BA - VERIFICATION
Other Long-Term Invested Assets

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	5,000,000	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		5,000,000
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other than temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)	5,000,000	5,000,000
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	5,000,000	5,000,000

SCHEDULE D - VERIFICATION
Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	43,701,063	42,174,670
2. Cost of bonds and stocks acquired	14,756,427	58,110,260
3. Accrual of discount	14,161	22,259
4. Unrealized valuation increase (decrease)	3,099,366	(332,393)
5. Total gain (loss) on disposals	222,797	778,814
6. Deduct consideration for bonds and stocks disposed of	6,910,593	57,029,714
7. Deduct amortization of premium	11,902	22,833
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	54,871,319	43,701,063
11. Deduct total nonadmitted amounts	17,714,170	5,896,207
12. Statement value at end of current period (Line 10 minus Line 11)	37,157,149	37,804,856

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

502

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a)	21,954,325	1,499,440	1,385,367	797	21,855,153	21,954,325	22,069,195	21,765,536
2. Class 2 (a)								
3. Class 3 (a)								
4. Class 4 (a)								
5. Class 5 (a)								
6. Class 6 (a)								
7. Total Bonds	21,954,325	1,499,440	1,385,367	797	21,855,153	21,954,325	22,069,195	21,765,536
PREFERRED STOCK								
8. Class 1								
9. Class 2								
10. Class 3								
11. Class 4								
12. Class 5								
13. Class 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	21,954,325	1,499,440	1,385,367	797	21,855,153	21,954,325	22,069,195	21,765,536

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated, short-term and cash-equivalent bonds by NAIC designation:

NAIC 1 \$ 0; NAIC 2 \$ 0; NAIC 3 \$ 0; NAIC 4 \$ 0; NAIC 5 \$ 0; NAIC 6 \$ 0

SCHEDULE DA - PART 1
Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999	154,540	X X X	154,540		

SCHEDULE DA - VERIFICATION
Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	173,081	221,523
2. Cost of short-term investments acquired	215,725	9,135,821
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	234,266	9,184,263
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	154,540	173,081
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	154,540	173,081

- NONE Schedule DB - Part A and B Verification
- NONE Schedule DB - Part C - Section 1
- NONE Schedule DB - Part C - Section 2
- NONE Schedule DB - Verification

SCHEDULE E - VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of cash equivalents acquired		
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals		
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)		
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)		

NONE

NONE Schedule A - Part 2 and 3

NONE Schedule B - Part 2 and 3

NONE Schedule BA - Part 2 and 3

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1 CUSIP Ident- ification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
912828-SD-3	United States Treasury Note		09/24/2013	Stephens Capital Manageme		196,938	200,000.00	380	1
912828-SV-3	US Treasury Note		09/24/2013	VARIOUS		264,588	280,000.00	1,588	1
912828-TJ-9	US Treasury Note		09/24/2013	VARIOUS		774,450	840,000.00	1,016	1
912828-TY-6	US Treasury Note		09/26/2013	Stephens Capital Manageme		230,938	250,000.00	1,490	1
0599999	Total Bonds U. S. Government				X X X	1,466,914	1,570,000.00	4,474	X X X
8399997	Total Bonds Part 3				X X X	1,466,914	1,570,000	4,474	X X X
8399998	Summary Item from Part 5 for Bonds				X X X	X X X	X X X	X X X	X X X
8399999	Total Bonds				X X X	1,466,914	1,570,000.00	4,474	X X X
19763P-19-2	Columbia Div Opportunity Fund 6087		09/25/2013	Intrust	60,846.519	598,989			L
38141W-39-8	Goldman Sachs Mid Cap Value		08/30/2013	Intrust	170.831	8,000			L
55273G-29-8	MFS Intl. Diversification Fnd CL 1		08/30/2013	Stephens Capital Manageme	46,224.557	704,000			L
741479-10-9	T Rowe Price Growth Stk Fnd Ind Cm		08/30/2013	Intrust	3,980.100	176,000			L
9299999	Total Common Stock Mutual Funds				X X X	1,486,989	X X X		X X X
9799997	Total Common Stock Part 3				X X X	1,486,989	X X X		X X X
9799998	Summary Item from Part 5 for Common Stocks				X X X	X X X	X X X	X X X	X X X
9799999	Total Common Stock				X X X	1,486,989	X X X		X X X
9899999	Total Preferred and Common Stock				X X X	1,486,989	X X X		X X X
9999999	Totals				X X X	2,953,903	X X X	4,474	X X X

(a) For all common stock bearing the NAIC market indicator 'U' provide: the number of such issues 0

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Ident-ification	Description	F o r e i g n	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consid-eration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amort-ization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Design-ation or Market Indicator (a)
912828-BR-0	U S Treasury		08/30/2013	Stephens Capital Mana		443,833	440,000.00	433,366	439,060		709		709		439,769		4,063	4,063	14,787	11/15/2013	1
0599999	Total - Bonds - U.S. Governments				X X X	443,833	440,000.00	433,366	439,060		709		709		439,769		4,063	4,063	14,787	X X X	X X X
3133X1-BV-8	Federal Home Loan Bank		09/16/2013	MATURITY		345,000	345,000.00	338,760	344,375		625		625		345,000				15,525	09/16/2013	1FE
31398A-2S-0	Federal National Mortgage Assn		09/23/2013	MATURITY		565,000	565,000.00	565,605	565,158		(158)		(158)		565,000				5,650	09/23/2013	1FE
3199999	U.S. Total - Bonds - Special Revenue and Special Assessment Non-Guaranteed Obl				X X X	910,000	910,000.00	904,365	909,533		467		467		910,000				21,175	X X X	X X X
8399997	Total - Bonds - Part 4				X X X	1,353,833	1,350,000	1,337,731	1,348,593		1,176		1,176		1,349,769		4,063	4,063	35,962	X X X	X X X
8399998	Summary Item from Part 5 for Bonds				X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
8399999	Total Bonds				X X X	1,353,833	1,350,000.00	1,337,731	1,348,593		1,176		1,176		1,349,769		4,063	4,063	35,962	X X X	X X X
00143M-49-7	Invesco Small Cap Value Fund Cl Y		08/30/2013	Intrust	1,423.83	30,000		23,055	23,749	(695)			(695)		23,055		6,945	6,945			L
552981-85-4	MFS Intl New Discovery Fund Instl		08/30/2013	Intrust	18,013.96	477,910		370,126	443,504	(73,378)			(73,378)		370,126		107,784	107,784			L
552983-52-0	MFS New Discovery Fund		08/30/2013	Intrust	1,757.53	49,000		36,987	39,246	(2,259)			(2,259)		36,987		12,013	12,013			L
683974-50-5	Oppenheimer Developing Markets Fnd		08/30/2013	Intrust	20,296.42	682,568		701,723	590,467	(5,744)			(5,744)		701,723		(19,155)	(19,155)			L
74160Q-20-2	Primecap Odyssey Agr Grwth Fn 1651		08/30/2013	Intrust	5,880.15	157,000		131,774							131,774		25,226	25,226			L
9299999	Total - Common Stock - Mutual Funds				X X X	1,396,478	X X X	1,263,665	1,096,966	(82,076)			(82,076)		1,263,665		132,813	132,813		X X X	X X X
9799997	Total - Common Stock - Part 4				X X X	1,396,478	X X X	1,263,665	1,096,966	(82,076)			(82,076)		1,263,665		132,813	132,813		X X X	X X X
9799998	Summary Item from Part 5 for Common Stocks				X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
9799999	Total Common Stocks				X X X	1,396,478	X X X	1,263,665	1,096,966	(82,076)			(82,076)		1,263,665		132,813	132,813		X X X	X X X
9899999	Total Preferred and Common Stocks				X X X	1,396,478	X X X	1,263,665	1,096,966	(82,076)			(82,076)		1,263,665		132,813	132,813		X X X	X X X
9999999	Totals					2,750,311	X X X	2,601,396	2,445,559	(82,076)	1,176		(80,900)		2,613,434		136,876	136,876	35,962	X X X	X X X

(a) For all common stock bearing the NAIC market indicator 'U' provide: the number of such issues 0.

- NONE Schedule DB - Part A - Section 1
- NONE Schedule DB - Part B - Section 1
- NONE Schedule DB - Part D - Section 1
- NONE Schedule DB - Part D - Section 2
- NONE Schedule DL - Part 1
- NONE Schedule DL - Part 2

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

[illegible]

NONE Schedule E - Part 2